

**SURPLUS DISTRIBUTION REQUEST**

In order to receive authorization for a surplus distribution, the following form must be completed and returned to: Insurance Unit, Division of Workers' Compensation (DWC), P.O. Box 58, Jefferson City, MO 65102-0058. **All** surplus distributions must have prior approval from the DWC before disbursement. If you have questions, please call 573-526-3692 for assistance.

Group Trust Name _____

Term (Trust Year)_____

Amount of Surplus Distribution Requested_____

1. Premium Paid by Trust Members* _____

2. Investment Income* _____

3. Sum of 1 and 2* _____

4. Losses and Loss Adjustment Expenses Paid _____

5. Administrative Expenses _____

6. Reserves** _____

7. IBNR** _____

8. Prior Surplus Distribution _____

9. Sum of 4, 5, 6, 7, and 8 _____

10. Surplus Monies _____

11. Surplus Monies Remaining after Surplus Distribution Requested _____

12. Number of Open Cases _____

* Premium paid by trust members and investment income must be supported by an attached income statement.

** Reserves and IBNR must be accompanied by an actuarial opinion.

(Completed By)

(Date)